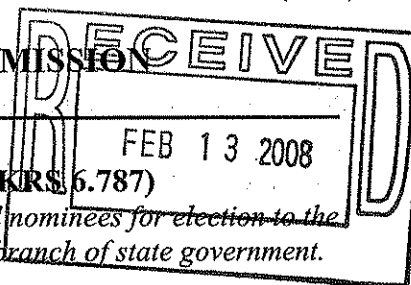


Candidate

(2/99)

KENTUCKY LEGISLATIVE ETHICS COMMISSION



STATEMENT OF FINANCIAL DISCLOSURE (KRS 6.787)

To be filed by: All members of the General Assembly, all candidates and nominees for election to the General Assembly, and major management personnel in the legislative branch of state government.

☐ Check here and attach additional sheets if necessary. _____ Number of sheets attached.

Please Include The Following Information For The Preceding Calendar Year:

Name ROBERT POWELL
Business address 108 ROYAL CT. Georgetown KY 40324
Business telephone 502-803-6702
Home address 108 ROYAL CT. Georgetown KY 40324
Title of public position, or office sought STATE SENATOR
Other occupations of filer CONSULTANT, LAWN CARE
Occupations of spouse PROGRAM COORDINATOR

NOTE: The Following Sections Do Not Require Disclosure Of Specific Dollar Amounts.

Positions held by filer in any business, partnership, corporation for profit, or corporation not for profit from which the filer receives compensation, and the name of the business, partnership, or corporation POWELL CONSULTING, LLC
POWELLS LAWN CARE
KY RETIREMENT SYSTEM

Positions held by filer's spouse in any business, partnership, corporation for profit, or corporation not for profit from which the filer receives compensation, and the name of the business, partnership, or corporation PROGRAM COORDINATOR - CABINET HEALTH & FAMILY SERVICES

Names and addresses of all businesses, investments, or securities in which the filer, filer's spouse, or filer's minor children had at any time during the reporting year an interest of \$10,000 at fair market value, or 5% ownership interest or more POWELL CONSULTING
POWELLS LAWN CARE
KY Retirement System
CABINET HEALTH & FAMILY SERVICES
FARMERS BANK IRA

Sources and form of gross income of the filer (list sources by name) _____

POWELL CONSULTING, LLC

Powell's home care

Retirement

Sources and form of gross income of the filer's spouse (list sources by name) _____

CABINET HEALTH + FAMILY SERVICES

Positions of a fiduciary nature in a business NONE

A designation as commercial, residential, or rural, and the location of all real property other than the filer's primary residence, in which there is an interest of \$10,000 or more held by the filer, filer's spouse, or filer's minor children _____

House in FRAZARIN COUNTY

Sources of gifts of money or property with a retail value of more than \$200 to the filer or the filer's immediate family, except those from a member of the filer's family. (Family means spouse, parent, sibling, child, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandparent, or grandchild. Immediate family means unemancipated child residing in an individual's household, spouse, or a person claimed by the filer's spouse as a dependent for tax purposes.) NONE

The name of any creditor owed more than \$10,000 except debts arising from the purchase of consumer goods. (Goods used or bought for use primarily for personal, family, or household purposes)

Citi mortgage

The name of any legislative agent who is:

1. A member of the filer's immediate family;
2. A partner of the filer, or a partner of a member of the filer's immediate family;
3. An officer or director of the filer's employer;
4. An employer of the filer or an employer of a member of the filer's immediate family;
5. A business associate of the filer or a business associate of a member of the filer's immediate family

NONE

The names of any of the filer's clients who are legislative agents or employers

NONE

If you have held a professional license during the filing period, has a properly licensed partner of yours engaged in the practice of cases or other matters which you are prohibited from practicing under KRS 6.744? ☐ Yes ☐ No ☒ Not Applicable

If yes, list the names of the clients represented and list the agencies before which the partner made an appearance. The filer need not identify which client was represented before a specific agency.

Clients

N/A

State Agency

N/A

NOTICES

1. Upon receipt by the Commission, a statement of financial disclosure shall be a public record available for copying.
2. Any person who fails to file a statement of financial disclosure or who fails to remedy a deficiency identified by the Commission in a timely manner may be fined an amount not to exceed \$100 per day up to a maximum total fine of \$1000.
3. Any person who files a statement of financial interests which they know to contain false information, or to omit required information, shall be guilty of a class A misdemeanor.

Date

2/11/08

Filer

[REDACTED]

Send completed statements to:

The Kentucky Legislative Ethics Commission
22 Mill Creek Park
Frankfort, Kentucky 40601

If you have questions please call us at (502) 573-2863.